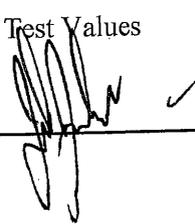


# VERIFICATION OF CALIBRATION REPORT

*Of DataMaster cdm Breath Test Instrument*

*State of Alaska*

*Scientific Crime Detection Laboratory -- Statewide Breath Alcohol Program*

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130296</u> ✓	
Name <u>John J. Waldron</u>		ID# <u>3392</u>	Date <u>12/12/08</u> ✓
Agency <u>Unalaska Department of Public Safety</u>		Phone <u>907-581-1233</u>	
Instrument Location <u>Unalaska Department of Public Safety, PO Box 370, 29 Safety Way, Unalaska, Ak., 99685</u> ✓			
Alco S/N <del>X301573</del> <sup>X172985</sup> ✓		Target Value <u>.083</u> ✓	High Pressure <u>1100</u>
Alco Test Values		<u>.086</u> ✓ 1 <sup>st</sup> Test Value	<u>.087</u> ✓ 2 <sup>nd</sup> Test Value
Signature  ✓		Date <u>12/23/08</u> ✓	

(OVER)

(Do not write in the area below)

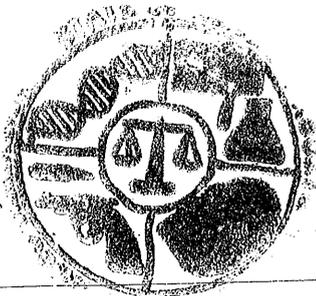
Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, John J Waldron, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,





Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

12/23/08

Date

# VERIFICATION OF CALIBRATION REPORT

Of DataMaster cdm BreathTest Instrument

State of Alaska

Scientific Crime Detection Laboratory -- Statewide Breath Alcohol Program

DataMaster cdm S/N 130296

Supervisor/Operator & Number Performing the Verification Procedure: John J. Waldron, #3392  
Department and Date: Unalaska DPS,

(CONTINUED FROM FRONT PAGE)

C. TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

NONDRINKING SUBJECT TEST

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130296

DECEMBER 12, 2008 ✓ *oab 12/23/08*

OPERATOR'S NAME:  
WALDRON/JOHN/J

OPERATOR'S NUMBER: 3392

SUBJECT'S LAST NAME:  
UOC

SUBJECT'S FIRST NAME/MI:  
UOC

O.L. #: 012345678

DEPT/AGENCY: UNKI

CASE/REPORT: 00-00000

TEST TYPE: U

ALCO TARGET VALUE: .083 ✓

ALCO S/N: 7X172985 ✓

--- BREATH ANALYSIS ---

.083 ADJUSTED FOR 30.76 in		
ALCO TARGET	.085	02:28
BLANK TEST	.000	02:29
INTERNAL STANDARD	VERIFIED	02:29
ALCO TV 30.76 in	.086 ✓	02:30
BLANK TEST	.000	02:30
SUBJECT SAMPLE	.000 <i>oab 12/23/08</i>	02:31
BLANK TEST	.000 ✓	02:32
ALCO TV 30.76 in	.087	02:32
BLANK TEST	.000	02:33

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130296

DECEMBER 12, 2008 ✓

TIME 03:31

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 42c

BAROMETER: 30.71 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

! " # % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~ ¡ ¢

*JJW* →

← *JJW*